

U.S. District Court for the Southern District of New York
Supplemental Juror Questionnaire

Your answers to the following questions will be kept confidential. Please answer the following questions to the best of your knowledge.

1. Do you currently have COVID-19, or have you had COVID-19 in the past?

Yes No

2. Are you currently experiencing any of the following symptoms, or have you experienced any of the following symptoms within the past 14 days, that cannot be explained by an underlying condition?

	Yes	No		Yes	No
Fever (100.4 degrees or higher, without use of fever-reducing medications) or Chills	<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Headache or Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you had close contact —defined as being within six feet of a person for more than 15 minutes — with anyone with COVID-19, or with symptoms of COVID-19, within the past 14 days? (Refer to Question 2, above, for a list of symptoms.)

Yes No

4. Have you returned from international travel, or a cruise ship or river voyage, within the past 14 days?

Yes No

5. Within the past 14 days, have you attended a large gathering (more than 100 people) where people within 6 feet of you were forcefully exhaling (e.g., singing, shouting, chanting) and either you or the people around you were not wearing mask?

Yes No

6. Within the past 14 days, have you returned from travel to a state that has a significant degree of community-wide spread of COVID-19? (Please refer to the New York State Department of Health's website for information on the list of states that currently meet the criteria for required quarantine: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.)

Yes No

(Questions continue on reverse side.)

7. Is there any reason related to COVID-19 that you feel would preclude you from serving on a jury?

Yes No
[] []

8. **I WISH TO HAVE MY JURY SERVICE POSTPONED** during the time I am being asked to serve because:

a. _____ I am a **healthcare worker directly involved with the treatment of the COVID-19** disease or I work in another field that puts me in direct contact with people who have been diagnosed with **COVID-19**.

b. _____ I have **prepaid travel plans**, and my money cannot be refunded.

c. _____ I have an **important commitment, medical procedure or appointment** that would prevent me from serving during this time.

9. **I WISH TO BE EXCUSED** from jury service because:

a. _____ I have **active care of a child or children under the age of 12**, and I am not employed outside of my home.

b. _____ I am **caring for an aged or infirm person**.

c. _____ I am **70 years of age or older** and **DO NOT WISH TO SERVE**.

d. _____ I am **currently enrolled as a full-time student**.

(enclose a copy of your class schedule indicating expected graduation date)

e. _____ I have a **charge pending against** me for the commission of, **or have been convicted of, a crime punishable by imprisonment for more than a year**.

f. _____ I am **incapable by reason of mental or physical infirmity** to serve as a juror.

Due to COVID-19, we are performing juror screening by phone the week prior to the jury return date printed on the enclosed summons. This phone screening permits the court to assess and grant or deny juror adjournment requests remotely, without prospective jurors traveling to the courthouse.

IF YOU ANSWERED YES TO QUESTIONS 1 THROUGH 7 on this questionnaire, or if you wish to be excused from jury service or have your jury service postponed (questions 8 and 9), please call Jury Administration at (212) 805-0179 between the hours of 9:00 a.m. to 3:00 p.m. Monday through Friday the week prior to your report date to participate in a phone screening. Please have your jury summons and this questionnaire with you when you place your call to the court.

IF YOU ANSWERED NO TO QUESTIONS 1 THROUGH 7 on this questionnaire, and you are not seeking to be excused from jury service or have your jury service postponed (questions 8 and 9), you do not need to participate in the telephone pre-screening process described above. Please follow the instructions on the reverse side of the enclosed summons.